DING APPL	GATION	Maine DH	HS/CDC – Division o	f Environmental & Community Hea	
PROP	RTY ADDRESS		CHANGE CONTRACTOR ASSOCIATION OF THE PARTY O	CONTRACTOR OF THE PARTY OF THE	
, Town, or Plantation	Lamoine	Town/City	Lam	nne_	
eet/Subdivision Lot#	51 Moose Run	Permit#	1937	Total Fee \$ 40	
PROPERTY OWNER INFORMATION		Date Issued	12,18,18	Double Fee	
Name (Last, First) Richards, John		Local Plumbing Inspector Signature License #			
Applicant Name (Last, First) Williams, Roger					
OWNER/APPLIC	ANT MAILING ADDRESS	FEES	State \$ /0	00 Local \$ 30.00	
Street 71 Meadowbrook Ln.		LOCATION	Map# /	Lot# 23-3	
Hudson		Internal plumbing fixtures and piping n issued by the Local Plumbing Inspecto or installer to install the plumbing s application and the Maine Subsurfa		ector. The permit authorizes the owner oing system in accordance with this	
ME	Zip Code 04449				
OWNER/APP	ICANT STATEMENT				
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
12/13/2018		100 (200) 100 (200)			
Signature of Owner/Applicant Date		LI	Pl Signature	Date (Rough-In)	
Co	py: Property Owner Town	State 🔽		Date (Final)	
	PERMITINFO	PRMATION			
olication is for:	Type of structure to be served:	Plumbing		e installed by:	
mbing 🗸	Single Family Residence	Master	Plumber 🗸 L	cense # 70007196	
mbing	Modular or Mobile Home	Oil Burner Installer		cense #	
	Multiple Family Dwelling	Mfd. Hous	ing Rep. Li	cense#	
	Other (specify below)	Public Uti	lity Rep. Li	cense#	
×.			Approved to the second		
olumn 1 - Hook-Up & Relocation Column 2 - Fixtures		Colun	n 3 - Fixtures		
num 1 Hook-Up	Type of Fixture	Qty Type of	Fixture Qt	y State of Maine	
	Hosebib/Sillcock	2 Bathtub	(and Shower)	Department of Health an Human Services/	
ok-up to public sewer in those case ere the connection is not regulated		Show	ver (Separate)	Center for Disease Contr	
y the local sanitary	Urinal		Sink	Environmental &	
	Drinking Fountain		Wash Basin	Community Health -	
1	Indirect Waste	Water	Closet (Toilet)	Subsurface Wastewater 286 Water Street	
xisting subsurface	Treatment Softener, Filter, etc.	CI	othes Washer	State House Station 11	
tewater disposal system.	Grease/Oil Separator		Dishwasher	Augusta, ME 04333 207-287-2070	
n	Roof Drain	Garbage Disposal		HHE-211	
cation of sanitary lines, drains, piping without new fixtures.	Bidet		Laundry Tub Revise		
	Other:	Water Heater			
umn 1 1 4	Total Column 2	2 + To	tal Column 3 0	= Enter Total Fixtures Hook-Ups Below	
			Total Fixtures /	Hook-Ups 3	
美混彩 班	RANSFER ONLY \$10.00		Total Fixtures /	Hook-Ups 3	
	PROPIE Town, or Plantation eet/Subdivision Lot # PROPERTY O Name (Last, First) OWNER/APPLIC To Meadowbrook L Hudson ME OWNER/APPLIC Grant formation submiterstand that any falsific Inspector(s) Granture of Owner/App Co Co Co Co Co Co Co Co Co	PROPERTY OWNER INFORMATION Name (Last, First) Richards, John Int Name (Last, First) Williams, Roger OWNER/APPLICANT MAILING ADDRESS 71 Meadowbrook Ln. Hudson ME Zip Code 04449 OWNER/APPLICANT STATEMENT the information submitted is correct to the best of my knowledge erstand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit. Copy: Property Owner Town PERMIT INFO Single Family Residence Modular or Mobile Home Multiple Family Dwelling Other (specify below) MOCK-Up & Relocation Williams (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below)) MOCK-Up & Relocation Williams, Mockey (Single Family Dwelling Other (specify below))	PROPERTY ADDRESS Town, or Plantation Lamoine Date State Local Plumbing Local Plu	PROPERTY ADDRESS i. Town, or Plantation Lamoine provincity State Town/City State PROPERTY OWNER INFORMATION Date Issued Date Issued Issued Date Issued Issued Issued Issued Date Issued Issued	